

**Hamilton County Board of Commissioners
Hamilton County Family Treatment Drug Court
Cincinnati, Ohio
TI14340**

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B&D ID

51802

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Enhancement

Program Area Affiliation—Family Drug Court.

Congressional District and Congressperson—Ohio 1, Cincinnati (applicant), 1 and 2 (project); Steve Chabot (1) and Rob Portman (2)

Public Health Region –V

Purpose, Goals and Objectives—The Hamilton County Family Treatment Drug Court is a collaborative effort to ensure timely performance for children in agency care. The goal is to provide the most efficient substance abuse treatment for parents, as safe return to a sober parent is the most natural form of permanency the system can provide. This avoids ineffective treatment, ill informed court decision-making, and repetitive litigation that impedes permanency. (page 8)

Target Population—The target population will include the following:

- New cases to the HCJC dependency docket
- Participants over the age of 18 years
- HCJFS complaint requesting a disposition of temporary custody or permanent custody
- Participant's child in the custody of HCFTDC
- Participant is physically able to participate in the HCFTDC
- Participant has no convictions contained in House Bill 484 and ASFA
- Participation is voluntary
- Participant is competent to participate in the court process without the appointment of a GAL
- Includes parents, legal guardians, and custodians

(pages 10-11)

Geographic Service Area—Persons served will reside in Cincinnati, Ohio.

Drug Addressed—Substance abuse; the project was non-specific as to which drugs are being addressed.

Theoretical Model—The committee collected information from model dependency/family drug court programs throughout the country in an effort to educate the committee on the components and structure of a family drug court. (page 6)

Type of Applicant—County (application page)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The Hamilton County Family Treatment Drug Court is a county agency service provider. (application page)

Service Providers—The Hamilton County Family Treatment Drug Court is a collaborative effort with strong commitment from the following agencies: Hamilton County Job and Family Services

(HCJFS), ProKids (the Court Appointed Special Advocate agency), Hamilton County Office of the Public Defender—Guardian ad Litem Division (GAL), Hamilton County Alcohol and Drug Addiction Services (HCADAS), Treatment Alternatives to Street Crime (TASC), Hamilton County Office of the Prosecuting Attorney, probation, the private bar, and the Center for Chemical Addictions Treatment, Inc. (a substance abuse treatment provider (CCAT)). (page 6)

Services Provided—The parent receives the benefits of close judicial monitoring of treatment, efficient exchange of information among the collaborative agencies, and individualized case planning, all of which are designed to effect the safe return of the child. On the other hand, unsuccessful completion of the program will be documented in the findings of fact and conclusions of law issued by the Hamilton County Family Treatment Court and will be considered by the dependency system for all purposes in the future. This voluntary program protects the due process rights of participants yet offers the treatment benefits associated with adult drug courts. The family treatment drug court achieves the goal of timely permanency for children within a context that does not unduly compromise parental rights. (pages 15-21)

Service Setting—No specific information is given in the application.

Number of Persons Served—No specific number is provided in the application.

Desired Project Outcome—The desired outcomes are detailed in the goals and objectives described earlier. In summary, the main outcome expected is return of the child to a safe and sober parent. (abstract; page 8)

Consumer Involvement—This project requires consumer involvement in an array of steps that are required for successful completion of the program. There is involvement in the intake process, treatment services, drug screenings, ancillary services, and case management. (pages 16-17)

EVALUATION

Strategy and Design—The evaluation will utilize a one-group pre-/post-test design. The treatment sample will consist of adults whose drug or alcohol abuse is a contributing factor to the child's dependence and who volunteer to participate in the HCFTDC. (page 22)

Evaluation Goals/Desired Results—Demographic and other standardized information will be gathered at intake on all clients, using the CSAT GPRA Client Outcome Measures for Discretionary Programs. Furthermore, baseline GPRA data will be collected on at least 80 percent of all HCFTDC participants at 6 and 12 months post-intake, as monitored by the local HCFTDC database, which will house an electronic version of GPRA and all responses (under construction). Monthly queries of the database will be run to alert HCFTDC caseworkers to upcoming 6- and 12-month marks, cooperation with follow-up data collection efforts will be required, and action plans will be implemented as needed to address any findings of non-compliance. (page 22)

Evaluation Questions and Variables—The first year the project will employ a process evaluation to determine whether the HCFTDC was implemented as designed. The following questions will be posed: “Is the program operating as it was designed?” “Whom is the program serving?” “Is the program serving its target population?” “What is the nature of the services being received by the participants?” “What is the program integrity of the HCFTDC?” “What

are the rates of program completion?” Outcome evaluation (in addition to the process study) will be added in the second year. This component will focus on outcome data regarding criminal behavior, self-reported substance use/abuse, criminal justice system involvement, removal of child/ren from the home due to substance abuse, employment /education status, health status, and recidivism. (page 22)

Instruments and Data Management—The data collection instruments are appropriate in addressing age, gender, sexual orientation, language, culture, literacy, disability, and racial/ethnic characteristics of the target population. The data collection includes a level of service inventory, which is a standardized instrument, and the How I Think questionnaire, a self-administered 65-item survey that measures cognitive distortions. The level of service inventory has been shown to be a reliable predictive tool for both males and females. The How I Think questionnaire requires a 4th grade reading level; however a proctor or tape recorder is available for participants with reading impairments. Translators will be made available in the form of proctors if necessary. The Family Adaptability and Cohesion Evaluation Scale requires a 7th grade reading level; there too, proctors and translators will be available. Each of these tools, when properly administered, provides reliable results for the anticipated population. HCFTDC participants will be involved in different stages of the evaluation. First, all participants will be given an informed consent form that explains the details of the evaluation. Second, the participants will be involved in a pilot period for the satisfaction surveys. The pilot period will be used to develop additional items that the participants feel are important areas to assess. Finally, the evaluation team will conduct focus groups with participants to determine what they would like to see included as part of the evaluation and/or family treatment drug court. The focus group will be voluntary in nature and no incentives or punishments will be given for attendance or lack thereof. (page 24)